



INDIVIDUAL INCOME TAX RETURN — LONG FORM

1999 FORM MO-1040

FOR CALENDAR YEAR JAN. 1 – DEC. 31, 1999, OR FISCAL YEAR BEGINNING

1999, ENDING

20

AMENDED RETURN — CHECK HERE ☐SOFTWARE
VENDOR CODE
(Assigned by DOR)

9 9

STEP 1 — NAME AND ADDRESS

YOUR LAST NAME	FIRST NAME	MIDDLE INITIAL	YOUR SOCIAL SECURITY NUMBER	
SPOUSE'S LAST NAME	FIRST NAME	MIDDLE INITIAL	YOUR SPOUSE'S SOCIAL SECURITY NUMBER	
PRESENT ADDRESS (INCLUDE APT. NO. OR RURAL ROUTE)			COUNTY OF RESIDENCE	SCHOOL DISTRICT NO. (SEE PAGE 16)
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE				
PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOU AND YOUR SPOUSE				

AGE 65 OR OLDER

☐ YOURSELF ☐ SPOUSE

BLIND

☐ YOURSELF ☐ SPOUSE

100% DISABLED

☐ YOURSELF ☐ SPOUSE

NON-OBLIGATED SPOUSE

☐ YOURSELF ☐ SPOUSE

You may contribute to any one or all of the trust funds below. Place the total amount contributed on Lines 44a, 44b, 44c and 44d. Please see the instructions for these lines for a complete description of each trust fund.

Children's
Trust
FundVeterans
Trust
FundElderly Home
Delivered Meals
Trust FundMissouri
National Guard
Trust Fund

Enclose copies of pages 1 and 2 of your Federal Form 1040 or 1040A if you:

- itemized deductions on your federal return (also enclose a copy of Federal Schedule A);
- claim a pension exemption;
- have loss(es) of \$1,000 or more on your federal return;
- have modifications on Form MO-A, Part 2;
- claim a dependent deduction for a dependent age 65 or older;
- file Form MO-NRI;
- claim a low income housing credit and/or low income housing recapture; or
- claim other federal tax deductions on Line 12

STEP 2 — FIGURE YOUR MISSOURI ADJUSTED GROSS INCOME

	Yourself		Your Spouse	
1. Federal adjusted gross income (see instructions)	1Y	00	1S	00
2. Total additions (from Form MO-A, Part 2, Line 4)	2Y	00	2S	00
3. Total income — add Lines 1 and 2	3Y	00	3S	00
4. Total subtractions (from Form MO-A, Part 2, Line 9)	4Y	00	4S	00
5. Missouri adjusted gross income — Line 3 minus Line 4	5Y	00	5S	00
6. Total Missouri adjusted gross income (Add columns 5Y and 5S)	6		00	
7. Income percentages — divide columns 5Y and 5S by total on Line 6 (Total of columns 7Y and 7S must equal 100%)	7Y	%	7S	%

STEP 3 — FIGURE YOUR TAXABLE INCOME

8. Pension exemption (from Form MO-A, Part 3, Line 11)	8	00
9. Mark your filing status box and enter exemption amount here.	9	00
<input type="checkbox"/> A. Single — \$2,100 (See Box B before checking)	If you checked Box B on Line 9, enter "0" on Line 9.	
<input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00		
<input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200		
<input type="checkbox"/> D. Married filing separate — \$2,100		
<input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200	Enclose Form W-2(s)	
<input type="checkbox"/> F. Head of household — \$3,500		
<input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500		
10. Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS (See instructions.)	10	00
11. Federal income tax liability (from Federal Form 1040, Line 49 minus Line 59a; or Federal Form 1040A, Line 32 minus Line 37a; or Federal Form 1040EZ, Line 10 minus Line 8a; or Federal Telefile Tax Record, Line K (second box) minus Line L) (Do not enter amount from your Form W-2(s)—Not Federal Tax Withheld)	11	00
12. Other federal tax (see instructions). Enclose pages 1 and 2 of federal return	12	00
13. Total federal tax — add Lines 11 and 12	13	00
14. Federal tax deduction. Enter amount from Line 13 not to exceed \$5,000 for individual filer (\$10,000 for combined)	14	00
15. Number of dependents (DO NOT INCLUDE YOURSELF OR SPOUSE) from Federal Form 1040, Line 6c OR Federal Form 1040A, Line 6c	15	00
16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE)	16	00
17. Total deductions — add Lines 8, 9, 10, 14, 15 and 16	17	00
18. Subtotal — subtract Line 17 from Line 6	18	00
19. Multiply Line 18 by percentages (%) on Line 7	19Y	00
20. Enterprise zone income modification (see instructions)	20Y	00
21. Subtract Line 20 from Line 19. Enter here and on Line 22	21Y	00

STEP 4 — FIGURE YOUR TAX

	Yourself		Your Spouse	
22. Taxable income amount from Line 21Y and 21S	22Y	00	22S	00
23. TAX on Line 22 (see tax table, Form MO-A, page 1)	23Y	00	23S	00
24. Resident credit (enclose Form MO-CR and other state's return)	24Y	00	24S	00
OR				
25. Missouri income percentage (enclose Form MO-NRI and copy of federal return). Check appropriate box if you or your spouse is a professional entertainer or a member of a professional athletic team. <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	25Y	%	25S	%
26. Balance (Resident — subtract Line 24 from Line 23 OR Missouri income percentage — multiply Line 23 by percentage on Line 25)	26Y	00	26S	00
27. Other taxes (check box and enclose federal form indicated): <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611)	27Y	00	27S	00
28. SUBTOTAL — Add Lines 26 and 27	28Y	00	28S	00
29. TOTAL TAX — Combine your taxes and your spouse's taxes from Line 28	29			00

STEP 5 — FIGURE YOUR PAYMENTS AND CREDITS

30. MISSOURI tax withheld as shown on your Form W-2(s) and/or Form 1099-R(s). Form W-2(s) and/or Form 1099-R(s) must be enclosed	30	00
31. 1999 Missouri estimated tax payments (include overpayment from 1998 applied to 1999)	31	00
32. Missouri tax withheld for nonresident partners or S corporation shareholders	32	00
33. Missouri tax withheld for nonresident entertainers	33	00
34. Amount paid with Missouri extension of time to file (Form MO-60 or Form MO-1040V)	34	00
35. Miscellaneous tax credits (from Form MO-TC, Line 12). Form MO-TC must be enclosed	35	00
36. Property tax credit. Enclose Form MO-PTC	36	00
37. Pharmaceutical tax credit (YOURSELF <input type="checkbox"/> + YOUR SPOUSE <input type="checkbox"/> =)	37	00
38. Total payments and credits Add Lines 30 through 37	38	00

STEP 6 — AMENDED RETURN ONLY (Skip this step if you are not filing an amended return.)

39. Amount paid on original return	39	00												
40. Overpayment as shown (or adjusted) on original return	40	00												
INDICATE REASON(S) FOR AMENDING.														
<input type="checkbox"/> A. Federal audit	Enter date of IRS report													
<input type="checkbox"/> B. Net operating loss carryback	Enter year of loss													
<input type="checkbox"/> C. Investment tax credit carryback	Enter year of credit													
<input type="checkbox"/> D. Correction other than A, B or C	Enter date of federal amended return, if filed													
<table border="1" style="display: inline-table;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	D	D	Y	Y						
M	M	D	D	Y	Y									
41. Amended Return — total payments and credits — add Line 39 to Line 38 or subtract Line 40 from Line 38	41	00												

STEP 7 — FIGURE YOUR REFUND OR AMOUNT DUE

42. If Line 38, or if amended return, Line 41, is larger than Line 29, enter difference (amount of OVERPAYMENT) here	42	00
43. Amount of Line 42 to be applied to your 2000 estimated tax	43	00
44. Amount of Line 42 to be contributed to trust funds		
44a. Children's Trust Fund	44a	00
44b. Veterans Trust Fund	44b	00
44c. Elderly Home Delivered Meals Trust Fund	44c	00
44d. Missouri National Guard Trust Fund	44d	00
45. Overpayment to be refunded to you. Subtract Lines 43, 44a, 44b, 44c and 44d from Line 42 and enter here. Mail return to: DEPARTMENT OF REVENUE, P.O. BOX 500, JEFFERSON CITY, MO 65106-0500. REFUND	45	00
46. If Line 29 is larger than Line 38 or Line 41, enter the difference (amount of UNDERPAYMENT) here	46	00
47. Underpayment of estimated tax penalty (enclose Form MO-2210). Enter penalty amount here	47	00
48. Total amount due. Add Lines 46 and 47 and enter here. Mail return and payment to: DEPARTMENT OF REVENUE, P.O. BOX 329, JEFFERSON CITY, MO 65107-0329 . Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only) made payable to: Missouri Director of Revenue. AMOUNT DUE	48	00

STEP 8 — PLEASE SIGN RETURN

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

I authorize the Director of Revenue or delegate to discuss my return and enclosures with the preparer or any member of his/her firm. <input type="checkbox"/> YES <input type="checkbox"/> NO		PREPARER'S TELEPHONE	DOR ONLY	S E U P F
YOUR SIGNATURE	DATE	PREPARER'S SIGNATURE	FEIN, SSN OR PTIN	
SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE	DATE	

1999 PHARMECUTICAL TAX CREDIT PHASE-OUT TABLE

If Income is		Your credit is	If Income is		Your credit is	If Income is		Your credit is	If Income is		Your credit is	If Income is		Your credit is	If Income is		Your credit is
More than	But less than		More than	But less than		More than	But less than		More than	But less than		More than	But less than		More than	But less than	
0	15,000	200	16,600	16,700	166	18,300	18,400	132	20,000	20,100	98	21,700	21,800	64	23,400	23,500	30
15,000	15,100	198	16,700	16,800	164	18,400	18,500	130	20,100	20,200	96	21,800	21,900	62	23,500	23,600	28
15,100	15,200	196	16,800	16,900	162	18,500	18,600	128	20,200	20,300	94	21,900	22,000	60	23,600	23,700	26
15,200	15,300	194	16,900	17,000	160	18,600	18,700	126	20,300	20,400	92	22,000	22,100	58	23,700	23,800	24
15,300	15,400	192	17,000	17,100	158	18,700	18,800	124	20,400	20,500	90	22,100	22,200	56	23,800	23,900	22
15,400	15,500	190	17,100	17,200	156	18,800	18,900	122	20,500	20,600	88	22,200	22,300	54	23,900	24,000	20
15,500	15,600	188	17,200	17,300	154	18,900	19,000	120	20,600	20,700	86	22,300	22,400	52	24,000	24,100	18
15,600	15,700	186	17,300	17,400	152	19,000	19,100	118	20,700	20,800	84	22,400	22,500	50	24,100	24,200	16
15,700	15,800	184	17,400	17,500	150	19,100	19,200	116	20,800	20,900	82	22,500	22,600	48	24,200	24,300	14
15,800	15,900	182	17,500	17,600	148	19,200	19,300	114	20,900	21,000	80	22,600	22,700	46	24,300	24,400	12
15,900	16,000	180	17,600	17,700	146	19,300	19,400	112	21,000	21,100	78	22,700	22,800	44	24,400	24,500	10
16,000	16,100	178	17,700	17,800	144	19,400	19,500	110	21,100	21,200	76	22,800	22,900	42	24,500	24,600	8
16,100	16,200	176	17,800	17,900	142	19,500	19,600	108	21,200	21,300	74	22,900	23,000	40	24,600	24,700	6
16,200	16,300	174	17,900	18,000	140	19,600	19,700	106	21,300	21,400	72	23,000	23,100	38	24,700	24,800	4
16,300	16,400	172	18,000	18,100	138	19,700	19,800	104	21,400	21,500	70	23,100	23,200	36	24,800	24,900	2
16,400	16,500	170	18,100	18,200	136	19,800	19,900	102	21,500	21,600	68	23,200	23,300	34	24,900	25,000	0
16,500	16,600	168	18,200	18,300	134	19,900	20,000	100	21,600	21,700	66	23,300	23,400	32			

Round To The Nearest Whole Dollar